



Pre-K Application

Name of Applicant (child) _____

Date of Birth _____ (MM/DD/YY) Sex: M F

Mailing Address: _____

City: _____ State: _____ Zip _____

Mother's Name (or parent): _____

Work Phone: _____ Email address: _____

Cell phone: _____ Home Phone: _____

Father's Name (or parent): _____

Work Phone: _____ Email address: _____

Cell phone: _____ Home Phone: _____

Does your child have any special health problems or other conditions that might affect his/her child care? Please describe:

Parent Involvement is a very important part of the Phoenix School. Each family is required to contribute a set number of hours per quarter volunteering for the school (6 hours for 1 child, full-time). Is your family willing to make this commitment?

____ Yes ____ No *We will give you details about Parent Involvement opportunities at time of enrollment.*

How did you hear about Phoenix School? _____

I hereby apply for admission to the Phoenix School Pre-K program. Desired entry on: _____ (MM/DD/YY).

Signed: _____ Date: _____

Printed Name: _____ Your relationship to child: _____